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Bib Data Sheet

CONFIRMATION NO. 1739

| SERIAL NUMBER   | FILING OR 371(c)<br>DATE  | CLASS                     | GROUP ART UNIT   | ATTORNEY<br>DOCKET NO.                                  |
|---|---|---------------------------|--|---|
| 09/897,309  | 07/02/2001<br>RULE  | 053                       | 3721   | P-3946C1C1  |
| <b>APPLICANTS</b><br>Robert B. Odell, Franklin Lakes, NJ;<br>Donald L. Porfano, Hackensack, NJ;<br>James C. Kropatsch, Columbus, NE;<br>Jorge J. Campos, Tlalnepantla, MEXICO;<br>Mario de Agüero Servin, Mexico City, MEXICO;<br>Patrick G. Carre, La Buisse, FRANCE;                                  |   |                           |  |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 09/678,080 10/03/2000 PAT 6,263,641<br>which is a CON of 09/267,107 03/12/1999 PAT 6,189,292<br>which claims benefit of 60/077,897 03/13/1998<br>and claims benefit of 60/102,338 09/29/1998  |   |                           |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                           |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/31/2001</b>  |   |                           |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>8   | TOTAL<br>CLAIMS<br>40<br><br>INDEPENDENT<br>CLAIMS<br>4 |
| <b>ADDRESS</b><br>26253   |   |                           |  |   |
| <b>TITLE</b><br>METHOD AND APPARATUS FOR MANUFACTURING, FILLING AND PACKAGING MEDICAL DEVICES AND<br>MEDICAL CONTAINERS   |   |                           |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>1450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |